

STATE OF SOUTH CAROLINA

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

APPLICATION For Class E - Household  
Low Country Moving Specialists, LLC goods

241163  
**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER:** 2012 - 434 - 4

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Jose R. DOS SANTOS

**Telephone:**

(843) 737-1279

**Address:** 276 Alexandra Drive, 4

**Fax:**

Mount Pleasant, SC

**Other:**

29464

**Email:** Robi.DOSANTOS@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter

☐ Proposed Order DEC 21 2012

☐ Publisher's Affidavit PSC SC  
CLERK'S OFFICE

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

**RECEIVED**

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

YDS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 12-10-2012

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Low Country Moving Specialists, LLC

276 Alexandra Drive, Unit 4 - Mt. Pleasant, SC 29464  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 737-1279

Phone

FAX

Rob DOS SANTOS @ gmail . com .

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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4. Applicant proposes to operate service as follows: (Check one.)

☐ Intrastate Only

☐ Interstate Only

☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

☐ Yes

☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes

☒ No

*If yes, list dates and nature of convictions below.*

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7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

☐ Yes

☒ No

*If yes, list dates and nature of revocations below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month December Year 2012

### Assets:

Cash	8,640.57
Receivables	173.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	500.00
Supplies on Hand	350.00
Prepays and Other Assets	
<b>Total Assets *</b>	9,663.57
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	439.00
Mortgages Payable	
Equipment Obligations	650.00
Accrued Salaries and Wages	3,000.00
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	4,089.00
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity *</b>	4,089.00

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*Household*  
Labor (Load and/or unload) + Truck use (in town):

2-man crew + truck: \$95/hr

3-man crew + truck: \$115/hr

4-man crew + truck: \$135/hr

Labor Only:

1-man crew: \$45/hr

2-man crew: \$70/hr

3-man crew: \$85/hr

4-man crew: \$100/hr

Travel Fee: \$2.00/mile

Piano moving fee: \$200.00 (Baby/Grand Piano)

Piano moving fee: \$125.00 (Upright Piano)

Furniture Pickup + delivery: \$75.00 (per piece)

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |                                     |                                     |                                       |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                       |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Low Country Moving Specialists, LLC

Name of Applicant

276 Alexandra Drive, unit 4 Mt Pleasant SC 29464

Address of Applicant

### Amount of Premium:

### Limits Quoted: (See Below)

Liability Insurance \$ 503.00

Limits 1 million / 2 million

Cargo Insurance \$ 1650.00

Limits \$25,000

\* Attach Certificate of Insurance if available.

American Reliable & Great American

Name of Insurance Company

Hanover Excess P.O. Box 12450 Wilmington, NC 28405

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/17/2012

Date

[Signature]

Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Low Country Moving Specialists, LLC  
Name

236 2770 (intrastate)  
U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No


4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

  
Applicant's Signature

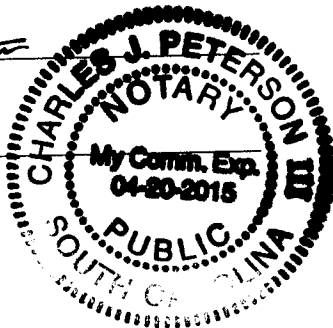
President / Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF Charleston )

This 17<sup>th</sup> day of December, 2012

Ch. J. P.  
Notary Public

## Commission Expires



CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00

APR 04 2012

  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Low Country Moving Specialists, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings:  
"limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C."  
"LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

276 Alexandra Drive, Unit 4

Street Address

Mt. Pleasant, S. C.

29464

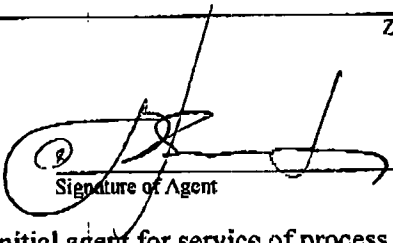
City

Zip Code

3. The initial agent for service of process is

Jose Robinson Dos Santos

Name

  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

276 Alexandra Drive, Unit 4

Street Address

Mt. Pleasant, S. C.

29464

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Jose Robinson Dos Santos

Name

276 Alexandra Drive, Unit 4

Street Address

Mt. Pleasant

S. C.

29464

City

State

Zip Code

- (b)

Name

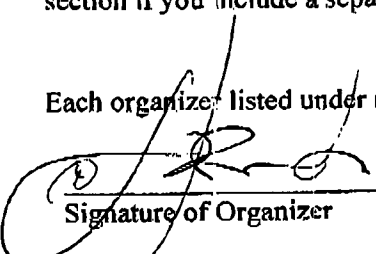
Street Address

State

Zip Code

Name of Limited Liability Company Low Country Moving Specialists, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) Jose Robinson Dos Santos
- |                     |       |          |
|---------------------|-------|----------|
| Name                |       |          |
| 276 Alexandra Drive |       |          |
| Street Address      |       |          |
| Mt. Pleasant        | S. C. | 29464    |
| City                | State | Zip Code |
- (b) \_\_\_\_\_
- |                |       |          |
|----------------|-------|----------|
| Name           |       |          |
| Street Address |       |          |
| City           | State | Zip Code |
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

  
Signature of Organizer

April 2, 2012

Date

Signature of Organizer

Date

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LOW COUNTRY MOVING SPECIALISTS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 4th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
18th day of April, 2012.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State



OPERATING AGREEMENT

THIS AGREEMENT entered into this 2 April 2012 at Charleston, South Carolina.

1. The intention of the undersigned is to form a Limited Liability Company known as Low Country Moving Specialists, LLC for the purpose of providing specialized moving services and to engage in related business opportunities.

This agreement is intended to serve as a memorial of the members determinations as to how the affairs of the company and the conduct of its business shall be handled. To the extent this agreement does not otherwise provide, it is intended that the provisions of the South Carolina Code of Laws governing Limited Liability Companies shall apply.

2. Duration

The period of the LLC's duration shall be perpetual.

3. Business Offices

The initial business offices shall be at 276 Alexandra Drive, Unit 4, Mt. Pleasant, South Carolina 29464.

4. Members

The initial members of the LLC shall be:

Jose Robinson Dos Santos

5. Costs of Formation

All costs and expenses, including attorney's fees, required for the formation and organization of the LLC shall be advanced by the members, share and share alike, and shall be refunded to them by the LLC.

## 6. Restrictions on Membership

There shall be no other members in the LLC unless this agreement is modified in writing.

## 7. Management

It is agreed that Jose Robinson Dos Santos shall be responsible for the day to day management of the aforesaid LLC, consisting of, but not limited to the following:

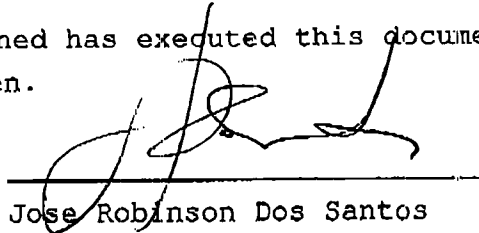
- a. Financial decisions to consist of obtaining lines of credit, completing necessary applications, obtaining any required surety bonds, purchasing supplies, payment of bills, expenses, opening of bank accounts, filing of taxes and required forms, etc...
- b. Estimating & Bidding to consist of bidding jobs, etc...
- c. Negotiating & Contract Execution
- d. Office management
- e. Marketing/sales
- f. Hiring and firing of drivers, employees
- g. operations
- h. purchases
- i. All else necessary to operate the LLC.

## 8. Ownership Interests

Jose Robinson Dos Santos shall be the owner of one hundred (100%) percent of the aforesaid LLC.

The situs of the within agreement shall be Charleston County, South Carolina, and the laws of the State of South Carolina shall govern.

IN WITNESS WHEREOF, the undersigned has executed this document in the day and year first above written.



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Jose Robinson Dos Santos